



Passaic County Open Space, Farmland, & Historic Preservation Trust Fund REIMBURSEMENT REQUEST FORM

PROJECT INFORMATION

Project Name: _____

Project Number: _____

* Project Number can be found in the grant agreement.

GRANT INFORMATION

Grantee: _____

Grant Agreement Begins _____ Ends _____

PAYMENT INFORMATION

Reimbursement Number: _____

Description: _____

Reimbursement Amount: \$ _____

Please include a cover letter with an itemized list of the costs incurred, certified (approved) invoices from each vendor and/or entity purchase order showing the corresponding vendor and amount requested, along with a cancelled check showing payment.

A. Total Grant Amount \$ _____

B. Funds Received to Date \$ _____

C. Amount of this Reimbursement Request \$ _____

D. Grant Award Balance [A-(B+C)] \$ _____

GRANTEE CERTIFICATION

I certify that the information entered on this reimbursement request form is accurate, and that the grantee is maintaining an accurate record of accounts for the project.

Typed Name of CFO/Treasurer

Original Signature

Date